FOR

REGISTRAR

FIRST

4 RACE

white

USA

76 CITIZEN OF WHAT COUNTRY?

Orville

DECEASED NAME

male

Ta BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Mich.

- STATE

(TYPE OR PRINT)

Bush

5 DATE OF BIRTH

WIDOWED

15, 1916

MARRIED NEVER MARRIED

DIVORCED [

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDRINE CERTIFICATE OF DEATH

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6-	0	- 1	8	1

IF UNDER ! YEAR

2b. HOUR

REG. NO 20 DATE OF DEATH MONTH

August 9, 1985

BALTIMORE CITY OR COUNTY OF DEATH

& AGE (IN YEARS LAST BIRTHDAY)

69

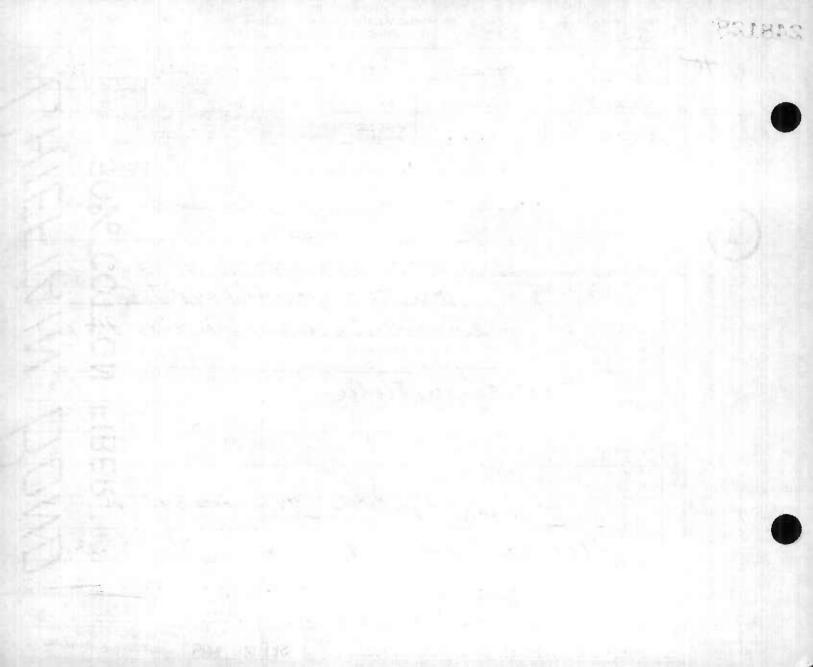
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den	110	una.
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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after retoined by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this cardicote has been signed by the attending physician and c should be detached to use as the bund-trainit permit. Then please remove contain-popelist Pages with the State Dept. of Readth and Markel Hygiens prior to buriof, cremation, acremated.	IMPORTANT: If them 21 is marked on them 18 shows any includy, as other traumatic event, the medical so
25	No and	1 /
TO HOSPITAL OF ATTENDING PHYSICIAN THE erouned by the hospital or attending physicia	aton dyno	5
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DHMH	- 16 60N	7/B4
(\	/RA 15, 4)

10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	PROTHER INSTITUTION	TYPE OF WORK FOR MOST OF WO	RKING LIFE INDUSTRY
Ch	estertown Ke	ent & Queen Anne's H	ospital, Inc.		
	STATE 136. COUNTY	PER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIF	CODE 21645
4. F/	ATHER'S NAME FIRST John Busl		IS MOTHER'S MAIDEN NA PIRST Mary	E. Mahoney	LAST
16a \	NAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	Margaret L		more Park edyville, Md.
	Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse last	CAUSE 10 OF AS A CONSEQUENCE OF	he carlior		arther onest and treath 36 Ar. are
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	n was performed	200 AUTOPSY? 20 IN	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this haspital) sow the deceased alive on above, (I) (we) (did) (did not)	new the body ofter death		, to death occurred on the date of	. 19, that (I) (we) los and hour and from the causes stated
	224. PHYSICIAN'S NAME (TYPE OFF	> n	ATTENDING PHYSICIAN ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	8/10/85
	Michael Bey		Millingto	on, Md.	1.
3a	Burial, Cremation, Removal Burial		bury Cemete	23d LOCATION CITY OF TOWN ETY Kenned	yville, Md. STATE
4 F	MINISTRAL DIRECTOR	Chestertow		TE REC'D BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
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	F	OR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 3 8	8
54016	- S	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	n,
	1. DEC	EASED NAME FIRST	eroy Elburn Contact C	0/85, YEAR 26. HPUR
E FUNERAL DIRECTOR. E 5-FOR YOUR FILES. ED, WITHIN 72 HOURS I'W, PRESTON STREET,	3. SEX	4. RACE	5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS MOURS HIN PRODUINCED 0 / 20 / 0 F	DAY YEAR 2d. HOP
WILLIAM STATES		RTHPLACE (STATE OR REIGN COUNTRY) ATYLAND	76. CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT WIDOWED DIVORCED Kent	
IV	C	y or town of death hestertown	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Kent & Queen Anne Hospital Waterman	12b. KIND OF BUSINESS OR INDUSTRY
L RECORDS NOT WA		RESIDENCE (IF IN NURSING HOME OF THE TOTAL		21661
4	14. FA	THER'S NAME FIRST Jack	LAST IS. MOTHER'S MAIDEN NAME FIRST Nancy Hubbard	LAST
/	(YE	(AS DECEASED EVER IN U.S. ARM S. NO. OR UNKNOWN) (IF YES, GIVE W	AED FORCES? VAR OR DATES) 218 68 9708 Jack Elburn Skinner's No. Rock Hall.	Md
vAL.	>	PART I DEATH WAS CAUSED	y one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S SHOULD BE USED AS BENGAL - INANSII FRE DEPARTMENT OF HEATH AND MENTAL HYGIE I PROR TO BORIAL, CREMATION, OR REMOVAL		Conditions, if any, which gove rise to immediate couse (o) stating the <u>underlying</u> couse lost.	(b) DUE TO, OR AS A CONSEQUENCE OF	
MATION			ONTRIBUTING TO <u>OEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0	70 E-0 E-1 E-1
2	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
3	AL CERTI	210 EXTERNAL CAUSE WAS UNDERLYING DOR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONIH DAY YEAR 3:25 M. 8-30 19 85 While trying to start boat motor	RT 2)
1	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		lightning STATE
14	1	22a I certify that I took charge	e of the remoins described above, held an Autopsy , Inspection , Inquiry , and in my ap	pinion
E. MARY		ACTUAL RANGE	TITLE (SPECIFY) M.D. DEDUTY MEDICAL EXAMINER SIGNIE	9-3-85
AFTER DEATH, WITH THE STATE D BAITIMORE, MARMAND, 21201	-		County ChestertowngreeMd, 21620	
A B A B	23a.BL		3b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY OF TOWN CHIT OF TOWN ROCK Hall, Md	
	194. 15	INEKAL EURECTOR	10 ADDRESS 250 DATE REC'D. BY REGISTRAR 250, REGISTRAR S.S.	ICINALUM PIZ



STATE OF MAKTLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE CERTIFICATE OF DEATH

3

REGISTRAR		CENT	IIICAIL OI DEAII	REG.	NO.		
I DECEASED NAME FI	NST MIDDLE		LAST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
E		MN	Hines		8 6		2 ¹⁰ a
FEMALE	1 RACE NEGRO	5. DATE	B. 25, 18	6 AGE (IN YEARS LAST E		UNDER I YEAR	HOURS MIN
MARYLAND	USA	T COUNTRY? B MARR	NEVER MARRIE		OR COUNTY OF	DEATH	~
Chestertown	(IF NOT IN SUCH FACE Kent&Que	LITY, GIVE STREET ADDRESSI en Annes Ho			TION	IZE KIND OF INDUSTRY HOP	BUSINESS O
MARYLAND		ETT NGTON	13d INSIDE CITY LW YES NO	211	6X1 927	POND	POWN
STEVEN	MIDDLE		FLOREN	CE	EM(ORY LAST	
160 WAS DECEASED EVER IN L		3-14-796	2 JOHN HI	NES husband	same		
	DUE TO, OR AS. ANT CONDITIONS CONTR	heart of		ETERMINAL DISEASE OR CO CALLER MORY 100 AUTOPLY? YES IN NOT	NDITION GIVEN	IN PART TO	
71a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E 21d. INJURY OCCURRED WHILE AT WORK AT WORK	COFDEATH HOUR A.M. (AMINER) P.M. 210. PLACE OF IN	MONTH DAY YEA 19	R	OCCURRED (ENTER NATURE OF IN	IURY IN ITEM 18 PART		STATE
sow the deceased a abave, (I) (we) (did)	did not) view the body after	19 35	DEGREE ATTEND	pinion death occurred on the	AFF	22c. DATE S	
GOTTFRIE	D BAUMAN		MEDICAL	BLDG CHESTI	ERTOWN.	MD 2	1620
230. BURIAL, CREMATION, REM	OVAL 236. DATE 8/10/8	0.0000	CEMETERY OR CREMA	TORY 23d LOCATION PONDTON	IN. Q.A	OUNIYMAR	YLÄNI

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detoched far with the State Dept. af MPORTANT: If he

24 FUNERAL DIRECTOR

8/10/85

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To be builded to the State of the

STATE OF MARYLAND

1	REGISTRAR	CERTII	ICATE OF PEATIF	REG. NO.	
	1. DECEASED NAME FIRST	WIDDLE	AST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
	Anna Elizabeth H	opkins		August 24, 1985	7:09 P _M
	3. SEX	4 RACE 5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UND	DER I YEAR IF UNDER 24 HRS
1	female	white JULY		79 YRS	
	To. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DE	EATH
1	Phila. Pa.	USA WIDOWE	**	Kent County	MD.
-	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			KIND OF BUSINESS OR
	Chestertown	Kent And Queen Ann	e's Hospital	Homemaker & Fac	
-	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 135 COU Md. Ker		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	21661
7	14 FATHER'S NAME	10 110 110 110 110	15. MOTHER'S MAIDEN NA	P.O. Bx	77001
	Henry Kessle	MIDDLE LAST		beth Ruhl	LAST
7	160 WAS DECEASED EVER IN U.S. AF		17 INFORMANT	828 DRRed Lio	
1	(1F YES, GI	ve war or dates) 161 10 3426	Walter Mc	Quaid Phila. Pa.	19115
	18. CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSI	TE CAUSE (a) Extensive C	NA	Of the second second second	
	I I I I I I I I I I I I I I I I I I I	DUE TO, OR AS A CONSEQUENCE OF	0		
ı	Conditions, if ony, which	(Cerebral Vasca	Man disut	breng told and	
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	- Ir	7	
	underlying cause last	(c)			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OF CONDITION GIVEN IN	PART No
Į	o Penetration	letti ulca = mes	sing bledly	in (3) ASHD	
Ì	NO DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		RE FINDINGS USED CAUSES OF DEATH?
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING			YES NO YES	NO [
7	210 ACCIDENT WAS UNDERLYING	LIGHT A AL MONTH DAY VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF	R PART 2)
	OR CONTRIBUTING CAUSE OF DE	AUI			
	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN CO	OUNTY STATE
	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	SIREET	CHTORIOWN	STATE
		oital) attended the deceased from	9/85 19		Fr. that (I) (we) lost
	sow the deceased alive or	8721	nd that in (my) (aur) apinion	death accurred on the date and hour and	
	22b. SIGNATURE		DEGREE		120 DATE SIGNED
	16-16.W	lun 1	1D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/23/05
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		De la la
	KIN KUE	WUN	Chestert	own, Md. 21620	
-	230. BURIAL, CREMATION, REMOVAL		EMETERY OR CREMATORY	23d. LOCATION	NITH STATE
	Burial	8/27/85 Wesley	Chapel Cem.	Rock Hall, Md.	NTY STATE

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR J. Willis Wells Chestertown, Md. (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

April 18 to 18 to

identification of the letter by file

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Table 1 To the state of the past of the state of the stat

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1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE CERTIFICATE OF DEATH

WEGISTHAN		CERTIFIC	ALE OF PERIII	REG. NO			
1. DECEASED NAME: FIRST	MIDDLE	(AST		20 DATE OF DEATH A	ONIH DAY	YEAR	26 HOUR
Birdie	Elizabeth	Jewel1		8	- 13-	- 85	11:45p _N
1. SEX	4 RACE	5. DATE OF		6 AGE LIN YEARS LAST BIRTH	DAY) IF U	NDER ! YEAR	IF UNDER 24 HRS
female	White	July 4,	1913 YEAR	72	YRS	HS DATS	HOURS MIN.
TO BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF	DEATH	
Maryland	USA	WIDOWER	M DIVORCED	Kent County			ME
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI		OTHER INSTITUTION	12a USUAL OCCUPATIO		12b. KIND C	OF BUSINESS OR
Chestertown	Kent & Queen		spital	Home mal		TADOSTK I	
USUAL RESIDENCE IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BENTY		INSIDE CITY LIMITS?	13e STREET ADDRESS /			
Md. Kent	Chester		YESX NO	Morgnec R		21	620
M FATHER'S NAME			MOTHER'S MAIDEN N		4.0		020
Elwood P. Ke	MIDDLE LAST		FIRST	MIDDLE		LAS	ST
168 WAS DECEASED EVER IN U.S. AI		ECHPITY NO. 1	Dals	y Sewell	S		
	VE WAR OR DATES)			Chest	ertown	. Md	1.
no	219 46	4966	Joyce Wil	1\$3			
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST	nly one cause per line for ial, (b	, and (cs.)	0 0		1.	BETWEEN	ONSET AND DEATH
	TE CAUSE (a)	un ord	mater Co	rde muce	4 4	eci s	8
	DUE TO, OR ASPA CONSE	ONENCE OF			-		
Canditions, if ony, which	1 10 1/10	Me car	diacas	tandal Il	dua		
gave rise to immediate) 10)						
cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCEOF	rine to	1 -1 . 10			
	(c)	100	ervan	fil i was	Min		
	CONDITIONS CONTRIBUTING	10 DEATH BUT NO	OF RELATED TO THE TER	MINAL DISEASE OR COND	TION GIVEN	N PART 1	0
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	The company of the control of the co			To a second			
190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION	WAS PERFORMED	20a AUTOPSY?	206 IF YES, W		
12				YES NO	YES [NO 🗌
210 ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH	DAY YEAR 2	Ic. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY	IN ITEM IS PART I	ORPART 2)	
OR CONTRIBUTING CAUSE OF DE	Att.	19					
(IF EITHER NOTIFY MEDICAL EXAMINE	21e PLACE OF INJURY		II LOCATION	CUTY OR TOWN		COUNTY	
NOT WHILE AT WORK	IAT HOME STREET FACTORY, OFF	ICE, FARM ETC)	STREET	CITY OR TOW	~	COUNIT	STATE
AL VIOLE	ital) attended the deceased fro		. 19	to	19_		that (I) (we) last
				n death occurred an the dat			
obove, (I) (we) (did) (did no	ot view the body ofter death.		GREE				
1210	20-1	DE	ATTENDING	MEDICAL STAFF		22c DATE	SIGNED
1 Ctro	YTON		PHYSICIAN	DIRECTOR PHYSICI		811	5/8)
Dr. Farr	OR PRINT)	2	2e ADDRESS				
DI. Fair		200	Chestert	own. Md. 21	620		
230 BURIAL, CREMATION, REMOVAL	. 23b DATE 2	THE NAME OF CEM	ETERY OR CREMATORY		~~~		
Burial	8/16/85 \$1	till Pn	d Cem.	Still Pon		YTNUC	STATE
TH FUNEPAL DIRECTOR	00			ATE RECID BY REGISTRAR 2			TURE
Hamy lall.	() All Ches	stertown	n. Md. AU	3 2 3 1985	The Dung	الماسية	HOPE

Chestertown, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

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mpletely filled in by the funeral director page 3 and 2 should be filed within 72 hours ofter death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE

2	3	The same of	4	Cal

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0			
		CEASED NAME FIRST	3JQDIM	i.	AST			AY YEAR	26 HOUR	R
	TITPE	ORPRINT) Lois	Isabelle	Jon	es	August 1	, 198	5	8:57	7P M
	3. SE		4. RACE	5 DATE C		6 AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER TYEAR	IF UNDER 2	s a ring
		Female	white	March	16, 1923	62	YRS	ONTHS DAYS	HOURS	MIN.
6		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8	D NEVER MARRIED XX	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
2	M	aryland	USA	WIDOWE		Kent				MD.
7		TY OR TOWN OF DEATH Chestertown	(IF NOT IN SUCH FACILITY GIVE STRE Kent & Queen			120 USUAL OCCUPATI (TYPS OF WORK FOR MOST O None		12b KIND O INDUSTRY	F BUSINES	SSOR
5	130 S Ma	aryland Ke		NWN	YES NO	13e STREET ADDRESS /			61	
0	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM		llian	ng LAS		
9		Charles		C. (DITY) (D	Mildre			us Vthorn	2 P	,66.
/		VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN] (IF YES G	IVE WAR OR DATESL	3515	Mildred J.					
		18 CAUSE OF DEATH (Enter of	only one couse per line for (o), (b),	ond (c).)					MATE INTERV	
		PART I. DEATH WAS CAUS	ATE CAUSE (0) Dulus	man	arrest					
		MMCDV	DUE TO, OR AS A CONSEQ	LIENCE A		33				
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEO		NOT BELATED TO THE YEAR	IN AL DISEASE OR CON		EN INLUADT 1		
	NC	Derese hi	Tag Clana C	0/20	Terraine (3)	old CVA ((1)	atel Pa	Lord	2x
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN		H?
1	CERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR				140	J
7	CAL	OR CONTRIBUTING CAUSE OF DI		DAY YEAR						
	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TO	WN	COUNTY	51	BTATE
		AT WORK AT WORK			G 692	0/1		Ch-		
		sow the deceased alive a	pital) attended the deceased from 19, and view the body after death.		nd that in (my) (our) opinion o	deoth occurred on the de	ote and hour		that (1) (w couses stat	
		226. SIGNATURE	Ulum		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F	22c. DATE	SIGNED 2/83	r
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS					
/		KIN KUE	WIN			5%. Chester	town	, and.	216	20
		SURTAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	** 11	COUNTY	ST	TATE
		Burial	Aug. 4. 1985	Wesle	ev Chapel Ce	Rock	Hall	. Md.		

DHMH - 16 60M 7/84

should be detoched for use os the buriol-tronsit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to buriol, cremation IMPORTANT: If them 21 is marked or item 18 shows any injury, or other train

OR ATTENDING PHYSICIAN: The low

(VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this

Chestertown, Md.

DAY SEGISTRAPISH REGISTRAP'S SIGNAPLES

10:010

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RY, PIEA DIRECTO OUR PIE ON STREE	ma]		5 DATE OF BIRTH		FUNDER 1 YR. IF UNDER	MIN. PRONOUNCED8/9/8	B5 19 8 19
NECESSA NECESS	Pe	RTHPLACE (STATE OR REGIN COUNTRY)	76. CITIZEN OF W	WID	ARRIED NEVER MARR	ED □ Kent	M
ELAY IS PAGE PAGE	CI	restertown	Keat &	SPITAL, NURSING HOME, OR ACILITY, GIVE STREET ADDRESS) Queen Anne	Hospital	Metal fabricat	WORK 126 KIND OF BUSINESS OR INDUSTRY
	I	a Ches	₹Y.	134. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NOXEX	RFD # 1 Bx 1	16 17509 99
BALTIMORE, ND. 1120 S. AFTER DEATH GIVE PAGES I'TH FORM PI B. PEGES I'VISION OF IN RECO		ATHER'S NAME FIRST Jord		ngle LAST		Ella Sharp.	LAST
S AFTER I GIVE PAC TITH FOR PAGES	,6a. \	VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GIVE 10	MED FORCES? WAR OR DATES)	176 07 1762	Dorothy	Christi Pringle RD 1 F	iana Pa. Bx 16 17509
: 50510		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA	nly ane cause per line D BY: AT TE CAUSE (a)	efor(a),(b), and(c).) cteriosclero	tic cardio	vascular dise	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PREST WITHIN : SNCIL IN AINER AI TRANSIT VTAL HY		Canditians, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	prol	R AS A CONSEQUENCE OF bable corona: R AS A CONSEQUENCE OF	ry arrest		
NL RECORDS, 201 W ULD BE EXECUTED ' "PENDING" IN PE F MEDICAL EXAW E AS A BURNAL - E ALTH A ND ME F CREMATION, C	Z	PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DI	SEASE DR CONDITION GIVEN IN PA	RT 1 (a),	
SHOULD E SHOULD E ORD "PEN CHEF ME E USED A	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED?	1 T T T T T T T T T T T T T T T T T T T	20 AUTOPSY? YES NO
CERTIFICATE SI TING THE WO SED TO THE SA SHOULD BE DEPARTMENT I PRIOR TO BU	ALCERI	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		M. MONTH DAY YEAR	c. HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 PART	
THIS CERTING E, WRITING RWARDED 1 PAGE 3 SH STATE DEPA , 21201 PER	MEDICAL	218 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, CTORY, FARM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY STATE
AND, AND, AND,		ACTUAL OF LA	ge of the remains de	Accident Suicide	Inspection	Undetermined manner .	DATE 8/10/85
TO MEDICAL EXAMI EXECUTE THE CERTIFIE FAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYLL	1	EXAMINER'S NAME (TYPE OR PRINT)	ert W. F		tertown K	ent Co. Md.	SIGNED
BATT BATTA	B	urial, cremation, removal urial Aus	236. DATE 19 gust 13,	185 234 NAME OF CEMETER Hephzibah	cem. Coa	1734 TOCATION LITESVIILE Chest	
DHMH - 17 (VR A15 ME (5))	J.	Willis Wells	ADDRES Che	s estertown Mo	A NICA		RAR'S SIGNATURE

STATE OF MARYLAND

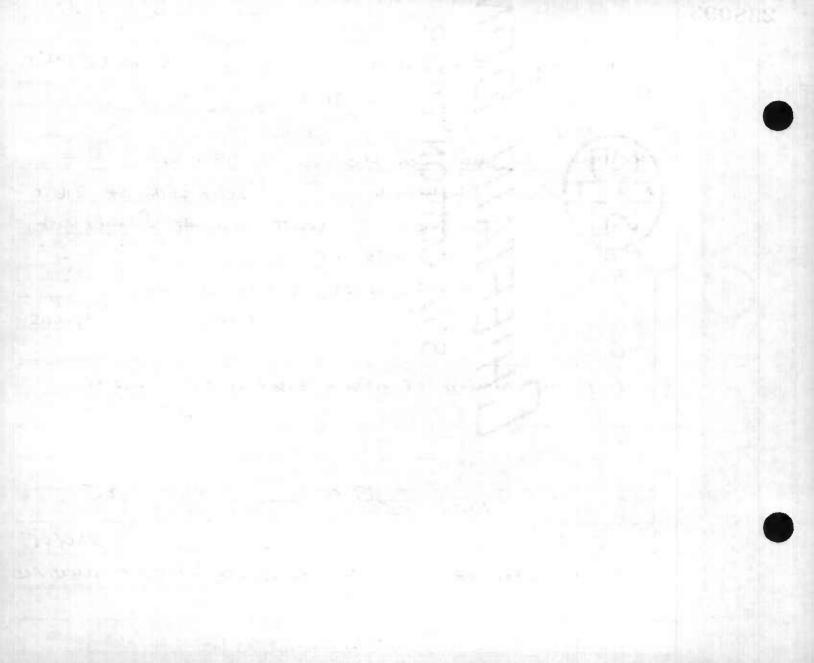
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

FOR - STATE REGISTRAR REG NO TO DATE OF DEATH MONTH DECEASED NAME 26 HOUR LIYPE OR PRINTS ELIZABETH McCANDLISH SMULL August 13, 1985 A RACE 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR white female April 72 yrsyrs TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balto, Md. USA Kent WIDOWERT 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 17h KIND OF BUSINESS OR Home maker Chestertown Tolchester USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
134. CITY OF TOWAL 12 Park Driv RFD Tolchester 21620 Kent Chestertown 13d. INSIDE CITY LIMITS? larvland A FATHER'S NAME MIDDLE Leonidas Nannie Whitelev Dotv ADDRES 12 Park Drive 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. 18 7409 Nancy Killian/Tolchester no 18 CAUSE OF DEATH Enter only one couse per line for to), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Carcino mato SI) DUE TO, OR AS A CONSEQUENCE OF Papillary adenocurunemed of Plallupino tupe Conditions, il ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION NDILION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? MONUHAUJE IN CERTIFYING CAUSES OF DEATH? NO F 71n ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 71a PLACE OF INJURY 21L LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE 270 I certify that (1) (this happinal) attended the deceased from June sow the deceased alive on July 16 1985 and that in (my) (pinion death occurred on the date and hour and from the causes stated above, (1) (manuald) (did not) view the body after death 22h BIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 8/14/85 22e ADDRESS Wayne D. Benjamin Chestertown, Md. 21620 230 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIEV) 8/14/85 Wilmington, Del. Burial Crematory

Chestertown, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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Markey H.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

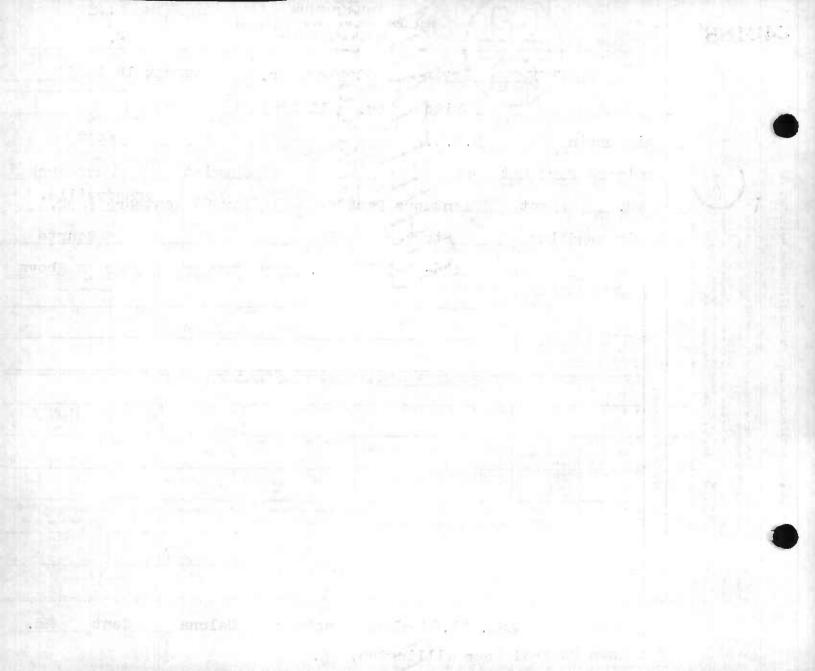
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRA	R		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NA	ME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
(TYPE OR PRINT)	Harvey	Irvin	Stryker Sr.	August	18 1985
3. SEX	1	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	
Ma.	0	White	Nov. 11 1906	78	YRS. DAYS HOURS MIN
70. BIRTHPLACE		CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR CO	
Wiscor	ngin	TT S A	WIDOWED DIVORCED		Kent "
W. CITY OR TOW		NAME OF HOSPITAL, NURS IT (IF NOT IN SUCH FACILITY, GIVE STREET)	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS O
Kentmor	re Park	At Home		Chemist	Research
ISUAL RESIDENCE 130 STATE	E (IF NURSING HOME OR O 13b COUNT Kent	TY 13c. CITY OR TOV	e Parkes NO	Box 95 Ken	ennsdyville.
HATHER'S NA		IDDLE LAST	15. MOTHER'S MAIDEN N.	AME	LAST
Irvin V	Vendling	Strvk	er Ella		Courte
160 WAS DECEAS	SED EVER IN U.S. ARM	NED FORCES? 166. SOCIAL SECT	URITY NO. 17. INFORMANT	ADDRESS	
No		Io 146-01	-9396 Mrs. Mary	Stryker	Same as above
		y one couse per line for (a), (b), or	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I.	DEATH WAS CAUSED IMMEDIATE		uc Backey		
PART 2. OT		DUE TO, OR AS A CONSEOU	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIC	ON GIVEN IN PART 1101
NO 190. DATE C	F OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
21- 45000	NT WAS UNDERLYING	71b TIME OF INJURY	121, HOW INTURY OCCU	RRED (ENTER NATURE OF INJURY IN I	YES NO
OR CONTRIB	UTING CAUSE OF DEAT OTIFY MEDICAL EXAMINER)	LIGUE A LA MONTEUL D	AY YEAR	KKED (ENIER NATURE OF INJURY IN I	TEM 16, PART 1 ORPART 2)
21d. INJUR	OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK	NOT WHILE				
		ol) attended the deceased from.		, to	, 19, that (I) (we) la
sow the obove	ne deceased alive an _ .{ (we) (did) (did nat)	view the body after death.	, and that in (my) (aur) apiniar	death accurred on the date a	and hour and from the causes stated
22by SIGNA	2 mg	7	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
22d PHYSIC	CIAN'S NAME (TYPE OR	PRINT	22 ADDRESS		
230. BURIAL, CRE	MATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
(SPECIFY)	rial	Aug. 21.85Ga	lena Cemetery	Galena	Kent Md.
24 FUNERAL DIR		TOTAL ETTO MO		TE REC'D. BY REGISTRAR 256.	

FFellows Funeral Home Millington, Md.

DHMH-16 60M 1/73

(VR A 15 (4))



REG. NO 20 DATE OF DEATH 2b HOUR 8 - 16 - 85|9:53AM& AGE (IN YEARS LAST BIRTHDAY) AONINS DAYS 9 BALTIMORE CITY OR COUNTY OF DEATH Kent County 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY USN Medical 13e STREET ADDRESS / ZIP CODE 21620 RFD Kingstown LAST ADDRESS Cambridge, Mass PART 2. OTHER SIGNIFICANT CONDITIONS CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO I YES [211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) appropriate death accurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIANS NAME (TYPE OR PRINT) 22e ADDRESS UEEN ANNE'S GEORGE 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE Bourne, Mass COUNTY STATE 8/20/85 Nat. Cem. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Chestertown, Md.

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be with the

Burial

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL WYGII
STATE REGISTRAR	CERTIFICATE OF DEATH

J. Willis Wells Chestertown, Md.

STATE OF MARYLAND	9
REMENT OF HEALTH AND MENTAL WYGIEN)
CERTIFICATE OF DEATH	

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	REGISTRAR								1	
	EASED NAME	FIRST	MIDDLE		LAST	20 DATE OF DE	ATH MON	NTH DAY	YEAR 2	b HOUR
(ITPE (H	ENRIE	TA MAL	COLM T	OWNER	August	19,	1985		3 A
3. SEX		4	RACE		OF BIRTH	6 AGE (IN YEARS	LAST BIRTHDA	(Y) IF UNDE	ER 1 YEAR	F UNDER 24 HRS
fe	emale		white	Mav	13 1897	88		YRS	UATS	HOURS
70 BIR	THPLACE (STATE OR	FOREIGN 76	CITIZEN OF WHA	T COUNTRY? 8	IED NEVER MARRIED	9 BALTIMORE	CITY OR C	OUNTY OF DE	ATH	
N	Maryland		USA		VED XX DIVORCED	Chen By	Kent	t		٨
	Y OR TOWN OF DEA	ATH 11	. NAME OF HOSE	PITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCC	CUPATION	DRKING LIFE INC	KIND OF	BUSINESS
Che	estertown	n r	agnoria	a Hall Nu	rsing Cente	r Home	mak	er Fos		
Md.	L RESIDENCE (# NURS TATE	Rent	dhi	RESIDENCE BEFORE ADMISSION CITY OR TOWN ESTERTOWN	136 INSIDE CITY LIMITS?	RFD #	RESS / ZI	P CODE	216	20
FAT	Marion	MID	Malcol	n LAST	15. MOTHER'S MAIDEN NO.		en	160	LAST	1
	AS DECEASED EVER	IN U.S. ARME		SOCIAL SECURITY NO.	17 INFORMANT			Morgne		21620
	10	(IF 1ES, GIVE W	21	5 36 0393	Jos. B. To	owner	Ches	tertow	m, M	Id.
	18 CAUSE OF DEAT	H (Enter only)	one couse per line	for (a), (b), and (c).)					APPROXIMA	TE INTERVAL
	PART I. DEATH W	MMEDIATE (rterioscler	otic Cardiovas	cular Di	sease			
	Conditions, if any, gave rise to imm	nediate	(b) Pr		ent Cerebrovas	cular Ac	ciden	t		
	gave rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN	nediate ng the last	(b) Pr	a consequence of	JT NOT RELATED TO THE TER/	MINAL DISEASE O	r conditi	ON GIVEN IN		es lieko
	gave rise to imm couse to statin underlying couse	nediate ng the last	(b) Pr	obable rece	JT NOT RELATED TO THE TER/	VINAL DISEASE O	R CONDITI	ID IF YES, WERI	E FINDING	F DEATH?
CERTIFICATION	gave rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN	nediate ig the last NIFICANT COL	DUE TO, OR AS (c) I 96, CONDITION 216, TIME OF IN.	a consequence of	ON WAS PERFORMED 21st HOW INJURY OCCUP	MINAL DISEASE O	R CONDITI Y? 20 IN	ON GIVEN IN IB IF YES, WERI CERTIFYING (E FINDING CAUSES O	
ICAL CERTIFICATION	gove rise to immo couse to stating underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UNE OR CONTRIBUTING	DERLYING CAUSE OF DEATH CALEXAMINER)	DUE TO, OR AS (c) DUITIONS CONTE 196. CONDITION 216. TIME OF IN. HOUR A.M. 21e. PLACE OF IN	A CONSEQUENCE OF RIBUTING TO DEATH BUTTON TO THE STATE OF THE STATE O	ON WAS PERFORMED 21st HOW INJURY OCCUP	200 AUTOPS YES N RRED (ENTER NATURE	R CONDITI Y? 20 IN	ON GIVEN IN Ib IF YES, WERI YES THEM IS PART FOR	E FINDING CAUSES O	P DEATH?
MEDICAL CERTIFICATION	gave rise to immocouse to stating underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UNIC OR CONTRIBUTING (FEITHER NOTIFY MEDIX 21d INJURY OCCURF WHITE NOTIFY MEDIX AT WORK NOT WHAT WORK 22a I certify that (I) Sign, the decease	TION DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospital ed alive on	DUE TO, OR AS (c) 19b, CONDITIONS 21b, TIME OF IN. HOUR A.M. P.M. 21e, PLACE OF IN. (AT HOME STREEL F.	A CONSEQUENCE OF RIBUTING TO DEATH BL FOR WHICH OPERATI JURY MONTH DAY YEAR 19 JURY ACTORY, OFFICE, FARM, ETC.)	ON WAS PERFORMED 21¢ HOW INJURY OCCUP	200 AUTOPS YES N RRED (ENTER NATURE	R CONDITI	ON GIVEN IN IB IF YES, WERI YES THEM IS PART FOR	E FINDING CAUSES O	P DEATH? NO STATE
MEDICAL CERTIFICATION	gave rise to immocouse to stating underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UNIC OR CONTRIBUTING (FEITHER NOTIFY MEDIX 21d INJURY OCCURF WHITE NOTIFY MEDIX AT WORK NOT WHAT WORK 22a I certify that (I) Sign, the decease	TION DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospital ed alive on	DUE TO, OR AS (c) 196 CONDITION 216 TIME OF IN. HOUR A.M. P.M. 21e PLACE OF IN. (AT HOME STREEL F.) ottended the dec	A CONSEQUENCE OF RIBUTING TO DEATH BL FOR WHICH OPERATI JURY MONTH DAY YEAR 19 JURY ACTORY, OFFICE, FARM, ETC.)	ON WAS PERFORMED 216 HOW INJURY OCCUP 211 LOCATION SIREE 12-29 19 56 and that in (my) (our) opinion DEGREE	200 AUTOPS YES N RRED (ENTER NATURE	R CONDIT I Y? 20 II O O OF INJURY IN IIY OR TOWN 8 n the date o	ON GIVEN IN IB IF YES, WERI CERTIFYING YES THEM IS PART I OR CO 19 22	E FINDING CAUSES O	STATE of (I) (we) uses stated GNED
MEDICAL CERTIFICATION	gove rise to imm couse (a), statin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a ACCIDENT WAS UNE OR CONTRIBUTING (6 EITHER NOTIFY MEDIX 21d INJURY OCCURE WHILE NOT WHAT WORK 22a I certify that (1) sow the decesse obove, (1) (we) (5 (we))	DERLYING CAUSE OF DEATH CALEXAMINER) RED (this hospital ed alive on did (did not v	DUE TO, OR AS (c) 19b, CONDITIONS 21b, TIME OF IN. HOUR A.M. P.M. 21e PLACE OF IN (AT HOME STREEL F.	A CONSEQUENCE OF RIBUTING TO DEATH BL FOR WHICH OPERATI JURY MONTH DAY YEAR 19 JURY ACTORY, OFFICE, FARM, ETC.)	ON WAS PERFORMED 216 HOW INJURY OCCUP 211 LOCATION SIREE 12-29 19 56 and that in (my) (our) opinion DEGREE	200 AUTOPS YES N RRED (ENTER NATURE death accurred of	R CONDIT I Y? 100 OF INJURY IN ITY OR TOWN STAFF PHYSICIAN	ON GIVEN IN Ib IF YES, WERI YES THEM IS PART I OR CO 19 22	E FINDING CAUSES O (PART 2) DUNTY	STATE of (I) (we) uses stated GNED
MEDICAL CERTIFICATION	gove rise to imm couse (0), statin underlying couse PART 2. OTHER SIGN 190 DATE OF OPERAT 210, ACCIDENT WAS UNE OR CONTRIBUTING (0) (1) (1) (2) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	DERLYING CAUSE OF DEATH CALEXAMINER) RED HILE CHISTON AME (TYPE OR PE	DUE TO, OR AS (c) 19b, CONDITIONS 21b, TIME OF IN. HOUR A.M. P.M. 21e PLACE OF IN (AT HOME STREEL F.	A CONSEQUENCE OF RIBUTING TO DEATH BL I FOR WHICH OPERATI JURY MONTH DAY YEAR 19 JURY ACTORY, OFFICE, FARM, ETC.) Leosed from 29 death 23c. NAME OF	ON WAS PERFORMED 21c HOW INJURY OCCUP 211 LOCATION STREET 12-29, 19 56 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 1	ZOO AUTOPS YES NO RRED (ENTER NATURE CI death accurred of MEDICAL DIRECTOR T	R CONDITH Y? 200 IN OF INJURY IN B- STAFF PHYSICIAN d. 2.	ON GIVEN IN Ib IF YES, WERI YES THEM IS PART I OR CO 19 22	E FINDING CAUSES OF PART 2) DUNTY Tom the co	STATE STATE STATE Of (I) (we) Uses state GNED 785

DHMH - 16 60M 7/84

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal

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STATE OF MARYLAND

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	- STATE REGISTRAR	CER	TIFICATE OF DEATH	REG. NO.	
	I. DECEASED NAME FIRST Gilber	ct John Zucchi	LAST	Aug. 17, 1985	DAY YEAR 2b HOUR P
	3. SEX	4 RACE 5. DA	TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	male	white Mar	ch 1, 1917	68	MONTHS BATS HOURS MIN.
1	To BIRTHPLACE (STATE OR FOREIGN		-	9 BALTIMORE CITY OR COUNTY	OFDEATH
1	New Jersev	TICA	RRIED TO NEVER MARRIED	Kent Co.	MD.
7	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OF
	Vorton	At Home Box # 8		Builder (Ca	arpenter)
7	Md. Kent	OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISS NTY 13c. CITY OR TOWN WORTON	YES KX NO [Box # 81	1678
	14 FATHER'S NAME FIRST John Zu	ichi	15 MOTHER'S MAIDEN NA	abeth Mayer	LAST
	16a WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES			orton, Md. Box # 81
7	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (1) 190 DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO DEATH	DF BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b IF YES	VEN IN PART Ito S, WERE FINDINGS USED FYING CAUSES OF DEATH?
	00.000.00000000000000000000000000000000	HOUR A.M. MONTH DAY YE	AR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	
	ORCONTRIBUTING CAUSE OF DE	P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.)	2H LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (1) (this hasp saw the deceased alive an	Baceus areus	DEGREE	death occurred on the date and hou	8/18/45
	230. BURIAL, CREMATION, REMOVAL Cremation		of CEMETERY OR CREMATORY erbrook Crema	atory Wilmingt	on, Del.
	24 SUNISPAL DIDECTOR		25a DA1	TE DEC'D BY DECICTDADIACE DECICT	DAD'S CICALATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

J. Willis Wells

Chestertown, Md. AUG

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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(5)				
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